

Instructions for Completing Form 108-B

Start by completing all areas at the top of the form, including the license number, if applicable. Child care includes pre-k and preschool.

PRINT or TYPE the name or ID number of each child.

Record the BIRTHDATE of each child.

List a contact person and phone/fax numbers we can use for questions/follow up.

DTaP/DTP/DT and POLIO: Place an "X" in the appropriate box to indicate the number of doses the child has received and record the date of the last dose. Example: If child has 3 doses, place an "X" in the "3" column.

HEP A: Place an "X" in the column for the number of doses given and record the date of the last dose. Required in Maricopa County only.

Use a separate form for each age group.
0-17 month olds = children born on or after 4/01/05.
18-60 month olds = children born 10/1/01 through 3/31/05.

MMR: Record exact date of each dose given. Only one dose on or after the 1st birthday is required. Any dose given before the 1st birthday does not count.

VARICELLA: Record the date the dose was given OR put "X" in the box if child has had chicken pox.

DO NOT include children born before 10/01/01. List all children born 10/1/01 or later, including those without an immunization record.

HIB: Place an "X" in the column that indicates the number of doses received. Record date of last dose received. A booster dose on or after the 1st birthday is required.

EXEMPTIONS: Put an "X" in the appropriate box only if a valid exemption form is on file for the child. Religious exemptions require the signature of the parent/guardian. Exemptions for medical reasons or laboratory evidence of immunity must include a physician's signed statement and signature.

Example of Form 108-B Completed for 18-60 month olds

| CHILD or I.D. | Birth Date | DTaP/DTP/DT | | | | | Polio | | | | MMR | | Hib | | | | | Hepatitis A | | | Hepatitis B | | | | Varicella | | Exemptions | | |
|----------------------|------------|-------------|---|---|----|-------------------------|-------|---|----|-------------------------|------------------------|------------------------|-----|---|---|---|-------------------------|-------------|---|-------------------------|-------------|---|---|-------------------------|------------------------------------|--|------------|---------|--------------|
| | | 1 | 2 | 3 | 4+ | Date Last Dose Received | 1 | 2 | 3+ | Date Last Dose Received | Date 1st Dose Received | Date 2nd Dose Received | 1 | 2 | 3 | 4 | Date Last Dose Received | 1 | 2 | Date Last Dose Received | 1 | 2 | 3 | Date Last Dose Received | Date 1 st Dose Received | Put "X" here if child has history of chicken pox | Religious | Medical | Lab Evidence |
| 1. Christopher Begay | 2-5-03 | | | | X | 5-27-04 | | | X | 8-7-03 | 2-10-04 | | | | X | | 5-27-04 | | | | | | X | 2-10-04 | 2-10-04 | | | | |
| 2. Noah Finn | 3- 27-02 | | | | X | 7-1-03 | | | X | 4-6-03 | 4-6-03 | 5-1-06 | | | X | | 7-1-03 | | | | | | X | 4-6-03 | | X | | | |
| 3. Allison Lawrence | 10-29-02 | | | | X | 2-2-04 | | | X | 10-30-03 | 10-30-03 | | | | | X | 2-2-04 | | X | 6-10-05 | | | X | 5-15-03 | 10-30-03 | | | | |

- STOP! Before mailing this form, have you:**
- 1. Read and followed all directions?
 - 2. Provided the correct birth date for each child?
 - 3. Placed 0-17 month olds and 18-60 month olds on separate pages?
 - 4. Counted totals and recorded them on form 108?
 - 5. Kept the yellow copy for your files?

Mail Form 108B along with Form 108 (totals sheet) by November 15, 2006 to:

Arizona Immunization Program
Assessment Division
150 N. 18th Ave., Suite 120
Phoenix, AZ 85007-3233